



This packet Includes:

Chiropractic Consultant Seminar Registration Materials

Saturday, October 21, 2006

Department of Labor and Industries
Tukwila Service Location
12806 Gateway Drive (Enter around back.)
Tukwila WA 98168
7:30 a.m. to 5:00 p.m.

***Co-sponsored by the Washington State Chiropractic Association (WSCA) and
Department of Labor and Industries***
(Registration materials are on page 5.)

This seminar is required for all new applicants.

*Ongoing consultants may choose to attend, as you must attend
at least one department sponsored course every two years.*

Biennial New Consultant Open Enrollment Process

Open enrollment is for new applicants only. Current consultants do not need to reapply.
The application is located on page 7.

Seminar Overview:

Chiropractic consultations are second opinion examinations performed at the request of another doctor. This course will provide useful information for all new applicants and chiropractic consultants, no matter how long they have provided second opinions.

Doctors will learn how to improve the quality of their examinations and reports and thereby reduce their administrative burden. Speakers and small group facilitators will assure that participants understand and apply basic principles when providing consultation services within the Washington State Workers' Compensation System.

Who Should Attend This Course:

- Chiropractic Consultants
- Doctors who want to become Chiropractic Consultants
- Chiropractic Approved Examiners
- Chiropractic Consultants who want to enroll for Approved Examiner status within the next 24 months

Credit Hours:

8 contact hours of professional continuing education.

10/21/06 Chiropractic Consultant Seminar Agenda

	Session For New Applicants, though everyone is welcome	
Time	Topic	Speaker
7:30	Welcome and Goals for the Day	Les White, DC
7:40	L&I Consult Rules and Definitions	Bob Mootz, DC
8:15	DOL Terminology	Les White, DC
8:35	Dialogue with AP after the Consult	Dennis Austin, DC
9:00	Office Procedures to Assure a Successful Consultation	Mike Wilson, DC
9:30	Q and A	
9:45	Break	
10:00	Interview and History	Small Groups
	Plenary Session for Everyone Begins Here:	
12:00	Lunch (provided in the room)	
1:00	Exam	Small Groups
2:30	Break	
2:45	Conclusions and Recommendations	Small Groups
4:45	Questions and Answers	Les White, DC
5:00	Adjourn	

Driving Instructions:

From the south:

Drive north on I-5, take the Tukwila/West Marginal Way Exit #156 (just past Southcenter (Westfield Shopping Town)). Head north on SR 599.

Cross over I-5 and take the Interurban exit. At the stoplight at the bottom of the exit, turn left onto Interurban Ave. Go one block to the next stop light and turn right onto Gateway Drive.

The L&I office is the second building on the left. Park and enter in the back.

- **From the north:**

Drive south on I-5, take the Tukwila/Interurban Avenue Exit #156.

Turn right onto Interurban Avenue South. At the light, turn right onto Gateway Drive. The L&I office is the second building on the left. Park and enter in the back.

- **From the East:**

Drive west on I-405; take the Tukwila/West Valley Road Exit #1. Turn left onto Interurban Avenue South. Continue about 1.5 miles to turn right onto Gateway Drive. The L&I office is the second building on the left. Park and enter in the back.

L&I's Minimum Requirements for Becoming a Chiropractic Consultant

1. Maintain a current license to practice chiropractic in the State of Washington.
2. Have an active provider number with the Department of Labor and Industries.
3. Provide proof of completing:
 - a) 180 hours or more of post graduate continuing education (CE) prior to application. These hours shall be from such subjects as neurology, spinal orthopedics, pectoral and pelvic girdle orthopedics, osseous roentgenology, examination methods, methods of adjusting or manipulation and human biomechanics. AND
 - b) 30 hours of CE during the year prior to submitting an application to become a chiropractic consultant.
4. Be in active clinical practice for a minimum of 5 years with at least 2 of those years in Washington by the date your application is submitted.

At least 50 percent of your practice in Washington must be devoted to patient management including treatment of injured or ill workers. Full-time or part-time active practice requires an average of 8 hours or more per week in the past 2 years.
5. Demonstrate a pattern of practice consistent with the department's utilization standards and Medical Aid Rules and Maximum Fee Schedules. Applicants must be active providers in good standing with the department.
6. Complete a basic level Washington State Workers' Compensation course prior to or ASAP after applying for consultant status, e.g., "Reducing Your Practice Headaches: Industrial Medicine Tips for Treating Doctors". The next session is 12/9/06. After Labor Day, watch your mail for registration materials, or go to: <http://www.lni.wa.gov/ClaimsIns/Providers/Research/Courses/default.asp>
7. Complete the Department's seminar on chiropractic consultations on 10/21/06.
8. As an attending doctor, routinely perform the following during patient management:

- Keep records in a SOAPER or similar format
- Submit progress notes every 60 days or more often as needed
- Conduct closing examinations and submit reports to the insurer
- Comply with department requests
- Certify time loss and return to work ability, when appropriate
- Comply with 120-day consultation requirements

Minimum Requirements for Continuing as a Chiropractic Consultant

1. Maintain a current license to practice chiropractic in the state of Washington.
2. Provide proof of completing 30 hours annually of postgraduate study in subjects such as: neurology, spinal orthopedics, pectoral and pelvic girdle orthopedics, osseous roentgenology, examination methods, methods of adjusting or manipulation and human biomechanics. The hours obtained by attending the department's annual seminar for chiropractors may be included in this total.
3. Demonstrate a continued pattern of practice consistent with the department's utilization standards and the department's Medical Aid Rules and Maximum Fee Schedules. Applicants must be active providers in good standing with the department.
4. Be in active clinical practice in Washington with at least 50 per cent of your practice devoted to patient management including treatment of injured or ill workers. Exceptions will be considered on a case-by-case basis.

Full-time or part-time active practice requires an average of 8 hours or more per week in the past 2 years

5. Every two years attend either the Chiropractic Consultant or Independent Medical Examiner program, or any other pertinent programs sponsored by the Department.
6. As an attending doctor, routinely perform the following during patient management:
 - Keep records in a SOAPER or similar format
 - Submit progress notes every 60 days or more often as needed
 - Conduct closing examinations and submit reports to the insurer
 - Comply with department requests
 - Certify time loss and return to work ability, when appropriate
 - Comply with 120-day consultation requirements

If you qualify for Independent Medical Examiner status, you may obtain a copy of the Approved Examiner application at <http://www.lni.wa.gov/forms/pdf/245046af.pdf> or by calling (360) 902-6815.

10/21/06 Chiropractic Consultant Seminar Registration Form

Submit your registration now. Seats are limited.

Course Tuition includes: 8 contact hours of continuing education credit, educational materials, continental breakfast, lunch, and beverages.

\$90 If postmarked on or before October 6, 2006

Add \$25 to the tuition if postmarked on or after October 7, 2006

We are not able to accept credit cards or registrations that are:

- Postmarked on or after October 14, 2006, or
- Submitted by phone or fax.

Cancellation Policy: Refunds of all but \$35 will be made if written or e-mail cancellation requests are postmarked on or before 10/14/2006. No refunds will be made for any reason after that date. (Email to mdan235@lni.wa.gov or use the address given on page one of the consultant application form, attached.)

Sorry, we cannot accept phone or in person cancellation requests.

Registration confirmation will be sent by e-mail. If you do not provide an E-mail address, your canceled check will confirm your registration.

Total Amount Enclosed: \$ _____

MAKE CHECKS PAYABLE TO: Department of Labor and Industries

MAIL TO: Cashier
Department of Labor and Industries
P.O. Box 44835
Olympia, WA 98504-4835

Name: _____

Business Address: _____

City, State, Zip: _____

Business Phone: (____) _____ **FAX:** (____) _____

E-mail Address: _____

- () I am **currently an approved chiropractic consultant.** (I do not need to reapply.)
- () I **plan to submit an application for consultant status** postmarked by November 22, 2006.

L&I CHIROPRACTIC CONSULTANT APPLICATION

Department of Labor and Industries
Provider Review and Education Section
PO Box 44322
Olympia WA 98504-4322
360-902-6817

Deadline:

Applications must be
postmarked on or before
November 22, 2006

This application is for doctors applying for second opinion examiner (consultant) status to become effective May 2007. Current consultants do not need to reapply.

If you qualify for Independent Medical Examiner status, you may obtain an application for that program at <http://www.lni.wa.gov/forms/pdf/245046af.pdf> or by calling (360) 902-6815.

Answer All Questions Below (Please print or type)**1. Name:**

Last

First

Middle Initial

2. Business address the department can publish in the list of Chiropractic Consultants:

Street or PO Box

City

State

Zip Code

3. Business Phone Number:**Fax Number:****E-mail Address:**()

()

4. Chiropractic Education: (Name each Chiropractic College Attended)

Chiropractic College

State

From (mo/yr)

To (mo/yr)

5. Doctor of Chiropractic Degree Granted by:

Chiropractic College

State

Date Issued (mo/yr)

6. State of Washington Chiropractic License: (Provide photocopy of current license.)

Date Issued (mo/yr)

WA Professional License Number

7. Practice Experience:

From (mo/yr) To (mo/yr)

Number of Years of Clinical Practice in WA:

/ to /

Years

8. List the postgraduate degree(s) you hold:

9. Percentage of Current Practice Devoted to Active Patient Management: _____%

10. List all provider numbers you use with the Department of Labor and Industries:

11. Which provider number will you use for billing your consultant work? _____

POST GRADUATE EDUCATION EXPERIENCE:

Please list below all postgraduate education courses you have completed for the 180-hour minimum requirement. Proof may include official sealed transcripts from chiropractic colleges or certificates of completion from seminar sponsors. Documentation must show the number of classroom hours attended and a syllabus or topic list for each seminar. Hours will not be considered unless all of the requested information is attached to this application form.

Course Title	Hours	Dates Attended	Sponsor (College)
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			

(Attach additional sheets, as necessary.)

TOTAL POST GRADUATE HOURS: _____

SIGNATURE:

I certify that the information provided in this application is correct. I understand that if I am accepted as an approved Chiropractic Consultant and any of the information I have provided is found to be incorrect or misleading, my consultant status may be revoked immediately

If accepted to be an approved chiropractic consultant to perform second opinion examinations, I agree to uphold the department's performance and continuing education standards for chiropractic consultants.

Signature

Date